

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	5/19/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	16	20989
FORMALITY REVIEW	<i>[Signature]</i>	67475	2-25-99 5-3-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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